

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048920

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 273

Primary Registration District No. 5417

Registrar's No. 175

STATE FILE NUMBER

FILED DEC 26 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 0790			
2 0790			
3 1			
4 0			
5 1			
6			
7 1			
8 2			
9 4500			
10			
11			
12 90-0			
13 10			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ste. Marys TWP</b>		c. CITY OR TOWN <b>Perryville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perryville Rte #1</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Rte #1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Truman</b> Middle <b>E</b> Last <b>Barton</b>		4. DATE OF DEATH Month <b>December</b> Day <b>13</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-20-87</b> 9. AGE (last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shelby County, Ill.</b>	
11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Robert Barton</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda Barton</b>	
14. NAME OF HUSBAND OR WIFE <b>Gertrude Todesman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Gertrude Barton Perryville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized arteriosclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 yr.</b> DUE TO (b) <b>—</b> DUE TO (c) <b>—</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>—</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4:55 p.m.</b> Month, Day, Year <b>6-18-1956</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>6-18-1956</b> to <b>12-13-63</b> and last saw him alive on <b>12-13-63</b> Death occurred at <b>4:55 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. F. Fairchild, M.D.</b> (Degree or title)		22b. ADDRESS <b>Perryville, Mo.</b>	
22c. DATE SIGNED <b>12-14-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>12-16-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Methodist Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Crossroads</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Young &amp; Sons</b> Address <b>Perryville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-16-63</b>	
26. REGISTRAR'S SIGNATURE <b>Joe J. Zollner</b>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edward C. Perry*

Licensed Embalmer No.

*2138*

P. O. Address

*Perryville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

177. 17 2100 4000 vt Jones 210000 2100-1-01 10000